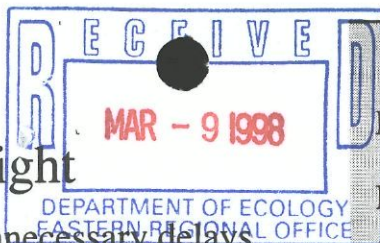




State of Washington
Application for a Water Right



For Ecology Use
Fee Paid \$98.⁰⁰
Date 3-9-98
CR # 7746

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Franklin County Irrigation District Home Tel: () N/A -
Mailing Address 3980 West Court Street Work Tel: (509) 547 - 3831
City Pasco State WA Zip+4 99301 + FAX: (509) 545 - 1161

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Dale Van Schoiack Home Tel: () N/A -
SCM Consultants, Inc. Work Tel: (509) 783 - 1625
Mailing Address 7601 W. Clearwater Ave., #301
City Kennewick State WA Zip+4 99336 + FAX: (509) 783 - 1861
Relationship to applicant Applicant's Engineer

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 22,000 gpm (☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s)
of irrigation. ATTACH A "LEGAL"

DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not
sufficient.

Estimate a maximum annual quantity to be used in acre-foot per year: 11,000

(Seasonal irrigation of 2,750 Acres)
☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ___/___/___ to ___/___/___

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>11</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): 20-inch diameter 200 feet each

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

SEE ATTACHED LIST

1/4 of	1/4 of	Section(s)	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
See attachment #1 for 1/4's		14, 15, 16, 17 & 18	9N	29E	FRANKLIN			

For Ecology Use Date Received: 3-9-98 Priority Date: 3-9-98
SEPA: Exempt Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 5/6/99 By JK Date Returned _____ By _____ WRIA: 36

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Franklin County Irrigation District (FCID)
- B. Briefly describe your proposed water system. (See instructions.)
FCID has two water rights (S3-00861C and S3-27711C) for the irrigation of 4,700 acres. The FCID is bounded on the south and west by the Columbia River, on the north by South Columbia Basin Irrigation District, and on the east by the City of Pasco. Within this area there are approximately 2,750 acres which do not have a water right with FCID or an individual water right. The proposed system would utilize groundwater wells adjacent to areas without existing water rights to furnish irrigation water.
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: _____ Type of connection _____
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Completed for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 2,750
- B. List total number of acres for other specified agricultural uses:
Use _____ Acres _____
Use _____ Acres _____
Use _____ Acres _____
- C. Total number of acres to be covered by this application: 2,750
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☒ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
If yes, enter permit no.: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal Type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

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Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

SEE ATTACHED MAP

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☐ YES ☒ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

See section 5(B) for explanation.

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Mary L Olson
Applicant (or authorized representative)

Jeanne C. Bloom, Secretary

Same

3-3-98
Date 3-3-98

Landowner for place of use (if same as applicant, write "same")

Date

SEPA	THIS APPLICATION IS NOT EXEMPT.
LEAD AGENCY	
<u> / / </u>	Completed Checklist Received
<u> / / </u>	Determination of Nonsignificance Issued
<u> / / </u>	Determination of Significance Issued
DRAFT EIS ISSUED	<u> / / </u>
FINAL EIS ISSUED	<u> / / </u>

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APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

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